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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

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				Office use Offig = 1117 U 4 J
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Foxx itio Cor	المارار	eisisi iFioici	You	
	 	111111	1 1 1 1 1 1 1 1	
ADDRESS (number and street)	115	76 Aust	in Lin	
(Check if address is changed)	ــــا			
	إنميكا	city A luigi	uisiticiale: 11	STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	Foi	xixitioi Cioini	girieisisiFioiryio	u Qumaiili. Com
		al Second E-Mail Add	. 1	<i>d</i>
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
☐ ◀ (Check if address is changed)	لبا			
	Ш			
2. DATE 05 0	3 / [2	2016		•
3. FEC IDENTIFICATION NU	JMBER	► C0.	0.6.14.60.2	
4. IS THIS STATEMENT	NE/	W (N) OR	AMENDED (A)	
I certify that I have examined th	is Staten	nent and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	<u>D</u>	avid 9	S. Foxx	
Signature of Treasurer	Da	vid S7		Date 05 03 2016
NOTE: Submission of false, errone			may subject the person signing to	this Statement to the penalties of 52 U.S.C. §30109. NITHIN 10 DAYS.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530	FFL. FL/BW I

	FEC Fo	orm 1 (Revised 02/2009)	Page 2				
		COMMITTEE					
Can	ndidate	e Committee:					
(a)	X	This committee is a principal campaign committee. (Complete the candidate information	n below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Nam Cano	e of didate	David Scott Faxx					
	didate y Affiliati	ion REP Office X House Senate Pre-	State E				
		Constitution - / Sect Constitution Section Sec	District 🙋				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.				
Nam Cand	e of didate						
Par	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par				
Poli	itical A	Action Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6	3.) Its connected organization i				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a secommittee. (i.e., nonconnected committee)	parate segregated fund or pa				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	,				
Join	nt Fund	draising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal ca					
(h)		This committee collects contributions, pays fundraising expenses and disburses net procedommittees/organizations, none of which is an authorized committee of a federal candidate					
	Com	nmittees Participating in Joint Fundraiser					
	1.						
	2.						
	3.	FEC ID number					
	4	I I I I I I I I I I I I I I I I I I I					

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Write or Type Committee I	Name	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
 Custodian of Records books and records. 	s: Identify by name, address (phone number optional) and position of the pers	on in possession of committee
Full Name Da	wild Scott Foxx	
Mailing Address	11576 Austrin Lin	
	Savint Augustine 11 Fil	3,209,2-
Title or Position	CITY STATE	ZIP CODE
Castodina	an of Records Telephone number 90	4-803-6040
8. Treasurer: List the nam	ne and address (phone number optional) of the treasurer of the committee; ar	nd the name and address of
any designated agent ((e.g., assistant treasurer).	
Full Name of Treasurer	avid Sciotiti Faxx	
Mailing Address	11576 Austin Ln	
	•	32092-
Title or Position	C/TY STATE	ZIP CODE
Ticleaisiairia	2C Telephone number 90	141-18-031-16:0:40

9.

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Full Name of Designated Agent MacL	y uluudiyiainin iFioixix	_1 []_]		
Mailing Address	1.576 Austin Line	- 		
	Biginiti Augustinie	154	312101912-	
	ctry	STATE	ZIP CODE	
Title or Position	_	_		
Aisisiisitianiti	Telephone	number 9	0.41-18.031-16.040	
			·	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.				
Name of Bank, Depository,	etc.			
LYLYLS:	tiain Circidititi Unioni			
Mailing Address	tiain Circidititi Union			
	0			
	Waicksonwille	EL	3,2,2,1,0-	
	CITY	STATE	ZIP CODE	
Name of Bank, Depository,	etc.			
ليليا				
Mailing Address				
		<u> </u>		
		لباا	<u> </u>	
	CITY	STATE	ZIP CODE	

Mr. David Foxx

1576 Austin Ln St Augustine, FL 32092



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Washington, DC

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Overnight Delivery Service (Specify):	Shipping Date
Next Bus	iness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
M	5/9/16
PREPARER (3/2015)	DATE PREPARED